



Christ Lutheran Day School
 6720 Broadway
 San Antonio, TX 78209
 (210) 822-7671

<i>For School Use Only</i>	
App.Rcvd:	_____
Start Date:	_____
Reg. Fee:	_____
Supply Fee:	_____
Pymt. Mthd:	_____
Program:	_____
Teacher:	_____

APPLICATION FOR ADMISSION

Please put a line through any mistakes and place corrections/additions underneath.

Child's Name: _____ Birth Date: _____

Prefers to be called: _____ Sex: _____

Home Address: _____ Zip: _____

Preferred Contact Number: _____ Schools Previously Attended: _____

Child lives with: _____

PARENT/GUARDIAN # 1	PARENT/GUARDIAN # 2
Name:	Name:
Occupation:	Occupation:
Place of Employment:	Place of Employment:
Business Address:	Business Address:
Business Phone:	Business Phone:
Cell Phone:	Cell Phone:
Email:	Email:

Sibling(s)	M/F	Birth Date	School	School Phone

If parents cannot be reached in an emergency, person to call:

Name	Relationship to Child	Address	Phone

Pediatrician or Family Doctor	Dentist
Name:	Name:
Address:	Address:
Phone:	Phone:

Child's Health Insurance (indicate N/A if no insurance)

Name of Insurance Company: _____ Policy/Group Number: _____

Address: _____

Subscriber's Name (on insurance card): _____

Special Conditions, Disabilities, Allergies, or Medical Information for Emergency Situations:

Transportation Arrangement in an Emergency Situation:

Ambulance Service: _____ Emergency Facility: _____

(Parents/guardians are responsible for all emergency transportation charges.)

Parent/Legal Guardian Consent and Agreement for Emergencies:

As parent/legal guardian, I give consent to have my child receive first aid by facility staff, and if necessary, be transported to receive emergency care. I give consent for a facility staff member to escort my child to an emergency facility, in the event that I am not available. I understand that I will be responsible for all charges not covered by insurance. I give consent for the emergency contact people listed above to act on my behalf until I am available. I agree to review and update this information whenever a change occurs and at least every 6 months.

*** Children must be brought to school and left in the presence of a staff member and released only to parents or other persons as designated below.***

Please list all possible persons who might be picking up your child from school.

Name/Relationship	Daytime Phone	Driver's License #

Christ Lutheran Day School admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admissions policies, scholarships and loan programs, and athletic and other school-administered programs.

Parent's Signature _____ **Date:** _____